

**ARKANSAS INFORMATION SERVICES FOR THE BLIND NETWORK/
ARKANSAS TELEPHONE READER**

NAME: _____
ADDRESS _____

- 1. ARE YOU PRINT HANDICAPPED ?** _____
- 2. DO YOU QUALIFY FOR TITLE XX SERVICES ?** _____
(Income qualification similar to SSI)
- 3. DO YOU WISH TO PAY A ONE TIME
SUBSCRIPTION FEE OF \$75.00 ?** _____
- 4. IF, FOR ANY REASON, YOU CAN NO
LONGER USE THE SET, WILL YOU
RETURN IT FOR RE-DISTRIBUTION ?** _____

**TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE
STATEMENTS ARE TRUE.**

SIGNATURE AND DATE

SIGNATURE OF PERSON ASSISTING

**ARKANSAS INFORMATION READING SERVICE FOR THE BLIND NETWORK
350 South Donaghey Suite 2000
Conway, Arkansas 72032**

**TELEPHONE 852-5125 1-800-645-8125
FAX 852-5126**